



# FOSTER, ADOPTIVE, AND KINSHIP TRAINING (FAKT) EVALUATION OF TRAINEE

State Form 52760 (9-06) / CW 2120

DEPARTMENT OF CHILD SERVICES

☐ Training of trainers (TOT) ☐ Pre-service ☐ In-service ☐ Foster care ☐ Adoption (permanency)

Name of trainee	Name of agency
Dates of training ( <i>month, day, year</i> )	Training site
Sessions completed	
1 2 3 4 5 6 7 8 9 10 11 12	
Pre-service completed (1 - 10) <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanency completed (11 & 12) <input type="checkbox"/> Yes <input type="checkbox"/> No

## BEHAVIORAL OBSERVATIONS & TRAINER COMMENTS

	Sometimes	All of the time	None of the time
Participates in discussions Examples: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pays attention to presentations Examples: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays threatening / intimidating behaviors Examples: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrives late or leaves early Examples: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths / weaknesses of trainee

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Overall impressions / observations

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Signature of trainer	Printed name of trainer	Date ( <i>month, day, year</i> )
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Signature of trainer	Printed name of trainer	Date ( <i>month, day, year</i> )
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